EXAMINATION BY MR. MISKELL:

Q Ma'am, can you tell us with 100% certainty whether or not the father in this case has ever had any inappropriate contact with the child?

A I'm not sure what you mean by "inappropriate."

Q Inappropriate sexual conduct, what we're here -- what we've been testifying for for the last hour. Can you tell us for 100% certainty that none of those activities had actually occurred?

A No, I cannot.

Q And it's my understanding that -- here are some of the following symptoms of child sexual abuse: Sudden mood swings; correct?

A Correct.

Q Wetting, soiling, accidents unrelated to toilet training; correct?

A Correct.

Q Anal and vaginal soreness; correct?

A Correct.

Q Unusual discharge; correct?

A Correct.

Q Child using inappropriate language; correct?

A Correct.

Q Sexually inappropriate activities exhibited by a child of a young age that would not normally be exhibited by a child of that age.

A Correct.

Q That's a long way of saying it.

Do you know what fimbriated is? What's fimbriated?

A It looks like fingers.

Q Like frayed?

A Not frayed, no. It's not really scalloped either, so it's the edges would just have little projections that look like kind of like fingers.

Q And around a narrow border?

A Doesn't have to have a narrow border, no. Fimbriated is not related to a narrow border.

Q So you're not aware that a possible use of the word fimbriated with regards to a hymen could not indicate a narrow border?

A They're not -- they're not necessarily related to each other. So you can have fimbriation on your hymen that has nothing to do with narrow border.

Q But they can be used together?

A They could be seen together but they're not the same

thing.

Q You never physically examined this child at any time; is that correct?

A No. I saw -- I reviewed her colposcopic images and I reviewed her records.

Q You never interviewed Julia Eickmeier at any time; is that correct?

A I did not.

Q And you've never talked to the father in this case; is that correct?

A Correct.

Q You don't really know anything about this father, do you?

MR. STEELE: Objection.

BY MR. MISKELL:

Q What, if anything, do you know about this father?

A I do not. I reviewed the medical records.

Q Okay. Did you bring your chart with you?

A I did. I just brought the reports, I did not bring the entire chart, no.

Q So exactly how many pages of medical records did you review?

A Exactly how many pages I couldn't tell you. It was

probably hundreds.

Q Exactly how many pages of the DCFS investigation did you review?

A I don't know the exact number of pages.

Q Do you have any of those reports or investigation materials with you?

A I do not.

Q Do you have any of those materials that we just discussed, whether they're DCFS or medical materials with you at your Pediatric Resource Center? Would they be a part of your file?

A Yes.

Q So you would be able to give us an itemization at some point of the actual records you actually reviewed; correct?

A Yes.

Q Now it's my understanding that you were not provided any records from the Ottawa Community Hospital -- or Ottawa Regional Hospital; is that correct?

A Correct.

Q And you have not been given any records with regards to the Mendota Hospital; is that correct?

A Correct.

Q Now, ma'am, you stated that the 11/8/13 Perry Memorial examination was normal; correct?
A Correct.
Q However, they did note an irritation on the left labial and left inguinal crease; isn't that correct?
A Correct. So that's with respect to genitalia the hymen, the vulva was normal. That is external and that's consistent with rash, which is really a normal variant when it comes to determining child sexual abuse.
Q Did you examine the child on 11/8/13?
A No. I was looking at her records.
Q Is there anything in your report of October 28th, 2016, that referenced her vulva?
A Of what date? I'm sorry.
Q Your report that we've been testifying about, October 28th, 2016, page 2, half way down. Is there anything in that report that mentions her vulva?
A The hymen is part of the vulva.
Q It was intact. It didn't say anything else; correct?
A Correct.
Q All right. And at that point Julia Eickmeier didn't call DCFS on that occasion, it was the hospital; is

that correct?

A Correct.

Q And the diagnosis was diaper rash and alleged molestation; is that correct?

A Correct.

Q So as a medical provider, after you do an examination if you suspect alleged molestation are you not required to notify child protective services?

A If there's a suspicion of abuse then, yes, you are required to notify the hotline.

Q And that's what happened on that date; correct?

A That is my assumption since they called the hotline, yes.

Q Now so she had a sore vaginal area and the mother was complaining about some white gunk she found at the vaginal opening; correct?

A Correct.

Q Two of those or both of those concerns involve tenderness in the vaginal area and discharge; correct?

A Well, no, not necessarily. Discharge at that age is not unusual because the hymen is still estrogenized, and so white discharge would not necessarily be an

unusual finding, and diaper rash is also not an unusual finding, so all of those findings of concern for sexual abuse have to be taken in context of age and other factors.

Q So white discharge is fine but maybe like a brown or a yellow discharge, that's different?

A Correct. Greenish discharge would be unusual, although dried discharge on a diaper will look yellow green just like snot looks yellow green as it dries, so it's a mucous.

So all of those things have to be taken in context. So white discharge in an infant is not unusual because they are estrogenized still from birth.

Q But with regards to a parent bringing a child for the purposes of an evaluation where she stated that she had done research -- sometimes people get on the internet and too much information is a bad thing; correct?

A Correct.

Q And she's reading the same list of symptoms that I relayed to you at the beginning of this deposition; correct?

A Correct.
Q And she mistakens possibly that information as possibly being a sign of inappropriate sexual abuse and takes a child to the emergency room; correct?
MR. STEELE: I'm going to object, that calls for speculation.
BY MR. MISKELL:
Q Correct?
A Correct.
Q And that very well may be what occurred here; is that correct?
A Correct.
Q So then by two days later when the child was brought to you -- and you have no idea how you got the referral, do you? Do you have any indication as to how she was referred from Perry Memorial Hospital to the Children's Hospital of Illinois?
A She -- it wasn't a transfer. She ended up getting admitted to the Children's Hospital, so it was a call to the hospitalists and she ended up getting admitted.
Q My question was you have no idea how she was -- the Children's Hospital of Illinois --

A Correct.
Q -- is not at the same place as the Pediatric Resource Center is; is that correct?
A We're on the same campus but Children's Hospital is OSF and Pediatric Resource Center is University of Illinois.
Q And with regards to her being at Children's Hospital of Illinois, you have no idea as to how she was referred there; is that correct?
A To the Children's Hospital? No, I don't recall.
Q And two days later I'm assuming that -- strike that.

Back on 11/8/13 I'm assuming that the records indicated that the emergency department directed her on how to treat the vaginal soreness.
A The diaper rash, yes, I would assume.
Q And then two days later when you saw her the child was normal.
A Correct.
Q So obviously then the mother had followed the advice of the emergency room and the diaper rash had gotten better.

MR. STEELE: Again, that calls for speculation, objection. Not within this witness'

knowledge.

BY MR. MISKELL:

Q Are you aware as to whether or not the child was then treated and that would explain why her diaper rash got better?

A Well, I mean rashes will improve if there's cream put on them, so, yes, the rash got better. I don't know who she was with in those two days, but the rash did improve.

Q Now it's interesting if you note in this history that we've gone over today that when she comes back from the father's house she's having either these diaper rashes or these issues; correct?

MR. STEELE: Objection. That is not contained in these records.

MR. MISKELL: Well, yeah, it is, because she said many times that when she got the child back her clitoris was swollen, her vagina looked different and she took the child to the hospital, so there's --

BY MR. MISKELL:

Q You are aware of a pattern where the child was with the dad, child came home, she noted certain things and took the child to the emergency room; correct?

MR. STEELE: Objection, because it's not contained in the records. You can go through each record if you'd like to.

MR. MISKELL: She doesn't have the records that she reviewed so I'm asking her what she knows about this case.

MR. STEELE: Same objection, no foundation.

MR. MISKELL: You can answer.

THE WITNESS: I'm aware that the report is that she had been with her father, what I don't know from the medical records is the timeframe. So I don't know that she came home from dad's and went immediately to the emergency department and that there were findings, what I do know is that the report was she'd been with her father then there were things noted by mother, she was taken to the emergency department at some point after that.

But her exam was almost always normal, except for redness, which is a normal variant, especially in a fair skinned child, so that's not indicative of abuse it simply is in young girls who have fair skin they get red, especially when they're in diapers. So I don't know that it's related to

always being at father's because I don't have that information.

BY MR. MISKELL:

Q Okay. And is it possible then that the father's lack of using proper hygiene may have added to the child's vaginal irritations?

MR. STEELE: Again, it calls for speculation. I object.

THE WITNESS: There are a lot of factors. Sometimes it's using different wipes, sometimes it's different diapers, sometimes it's just a difference in how often a diaper gets changed. There's a multitude of changes: Different water for bathing, different lotions, some kids have sensitive skin, and different foods that are fed. So it's difficult to know what the difference is, but differences in households can contribute to diaper rash.

BY MR. MISKELL:

Q Now a report of a child to a mother that the father put his hand on her crotch would be a consideration with regards to assessing whether or not sexual abuse has occurred; correct?

A In and of itself that may not be concerning if it's

over clothing, if it's just the way a child is being held. That in of itself is not necessarily perfectly concerning, especially if it's only to mom and not to any other person or provider.

Q Well, on 11/28/2015 you noted that exact scenario.

A Correct.

Q Tell us everything you know about how that occurred.

A About? Excuse me? About what occurred?

Q Was it over the pants, was it under the pants, was there anybody else there that heard it? Do you know?

A I don't have any more detail about that, whether it was over clothing, under clothing. It wasn't reported to anyone other than mom.

Q If it was reported to anybody other than mom, would that be significant?

A I would like it to be. I certainly would like it to be reported to a medical provider or to a child advocacy center or to someone else and have some detail, yes.

Q Like somebody at the emergency department?

A That would be helpful.

Q So in that situation if -- and you've been doing this for how long?

A Since 2003.

Q All right. Over the last thirteen years in child sexual abuses we always get into the problem of he said/she said; isn't that correct?

A Not always, but it can happen.

Q Okay. And you have no idea -- or do you know that my client had spent time with the police department wherein they told her she needed to document everything because if it's his word against hers you're not going to get anywhere so you need to document? Are you aware that that conversation occurred?

MR. STEELE: Objection. There is no foundation for that.

MR. MISKELL: That's why I'm asking her.

BY MR. MISKELL:

Q Are you aware whether or not that conversation occurred?

A I am not aware of that conversation, no.

Q If somebody were told that in this scenario and so they started trying to document it by the emergency room and by taking pictures, would that be consistent with that direction?

A I don't know that that would be consistent with documenting everything.

Q Well, I want you to assume -- and this is a *Wilson* hypothetical before you guys take and object.

I want you to assume that that conversation happened between the police department and the mom and the police department instructed her that you have to document everything, you document everything because if you're going to go to court it's a he said/she said. Okay?

A Okay.

Q Now given your testimony of these actions being medical abuse, would knowing that prior to making your opinion be relevant?

A Not necessarily, because I mean I also tell people to if they see bruising they should have it documented by a medical provider because it's better to have a medical provider document it rather than just a parent.

Q Like taking them to an emergency room?

A Like taking them to an emergency room.

Q Which was done here.

A However, I can't imagine, nor would I ever recommend,

Q Erythema. Thank you. I said arrhythmia. I didn't think she had a heart issue. Erythema.
A Redness.
Q Redness to the vulva and perineum?
A Correct.
Q All right. Which again with regards to my client having done internet research that could have been a sign to her of sexual abuse; correct?
A Potentially.
Q Okay. Now on 11/22/13 when she brought the child to the PRC they did not examine her; isn't that correct?
A We did not do another exam. She had just been examined in the hospital, so just in the hospital, just had another exam at the emergency department. Like I said, we try to limit the number of examinations children have. We already had documentation from the Children's Hospital where she was seen by PRC and so did not do another exam, simply did a lot of discussion and education.
Q Education. So you did education with her about what is appropriate, what is not appropriate, but --
A Rashes in infants, which was reportedly getting better with --

Q Which your center did not look at. And here's the point of that.
A Sure.
Q You're Board certified.
A Correct.
Q You're an expert.
A Correct.
Q What's the qualifications of the ER doctor as far as being sensitive to how to pick up on certain items?
A I would say that they're not as -- they're not as used to looking at little girls, although certainly they're more used to looking at little girls who are infants in diapers than they are at age three.
Q Do you know anything about the volume of persons seen in the emergency room in Princeton, Illinois?
A I don't, no.
Q Right. And you have no idea the actual training with regards to the emergency room doctors and/or the nurses or the nurse practitioners that actually had seen the child; is that correct?
A I don't.
Q And a lot of times misdiagnosis or not picking up the signs has been a problem in the past when dealing

with regional emergency rooms versus your PRC center; is that correct?

MR. STEELE: I'm going to object. That calls for speculation, assumes facts not in evidence.

THE WITNESS: Honestly, when it comes to misdiagnosis I think they tend to over diagnose child sexual abuse as opposed to under diagnose, so things that are normal variants they're more likely to say are a finding of sexual abuse when it's just a normal variant because they're not used to seeing the normal variants.

BY MR. MISKELL:

Q Like the first visit on 11/8/13.

A On 11/8/13 --

Q First time they saw the child they may have overstepped their bounds and then called DCFS.

A Well, they called because of the concern for sexual abuse but her exam just had a diaper rash.

Q And so the child then comes back on the 18th, the child comes back on the 22nd, the child -- she becomes a repeat customer at the emergency room.

A Correct.

Q And isn't it possible then that they -- how do you

say it? -- dismissed it as being an overconcerned mother versus actually investigating the issue?

MR. STEELE: Again, I'm going to object. It's speculation.

BY MR. MISKELL:

Q If you know.

MR. STEELE: I don't know who "they" refers to.

MR. MISKELL: The emergency room personnel and medical professionals at Perry Memorial Hospital.

MR. STEELE: It asks her to know what's going on in another person's mind and calls for speculation.

MR. MISKELL: She reviewed the records and she gave an opinion.

THE WITNESS: I don't know that they dismissed it. She was examined every time. I mean there's documentation of diaper rash or normal exam, so it's not that it was dismissed, she was examined.

BY MR. MISKELL:

Q Well, in this time they told her that the redness could be a yeast infection or diaper rash or using different products; correct?

A Correct.
Q So again she had a problem, she had a symptom, and the mother took the child to the emergency room.
A Correct.
Q Is it inappropriate for a mother to seek care of a child in that situation?
A Well, a diaper rash can be seen by a primary care physician, it doesn't necessarily warrant an emergency department visit.
Q Do you know what type of insurance she has?
A Medicaid can be seen -- I'm assuming it's Medicaid -- can be seen in a primary care office. When I did primary care probably half of my patients were Medicaid. It's not unheard of.
Q Do you know how many are available in Princeton, Illinois?
A That I do not know.
Q All right. Now then over a year, a year and four months goes by and nothing occurs.
A Not that I know of.
Q That you know of.
A Correct.
Q Then the phone -- instead of her taking the child to

an emergency department she called the phone triage unit; correct?

A Correct.

Q On February 12th, 2015.

A Yes.

Q And she says that she thinks that the rectum has a tear in it, or rip in it; is that correct?

A Correct.

Q And they tell her to take the child to an emergency room; correct?

A Correct.

Q So she does as she's told; correct?

A Yes.

Q And there was an anal tear; correct?

A Fissure, I believe, yes.

Q Isn't anal fissure -- isn't anal tear, which is what it says in your report, a possible symptom of sexual abuse?

A Well, actually the exam was mild redness, their exam did not note any tear or fissure. Their exam did not note any anal findings, it just noted redness, and she was referred to the PRC again.

Q And where was the redness?

A The redness was not designated; so...
Q Well, it's not designated in your report. Do you know what it was designated in the record?
A I don't recall.
Q You don't recall?
A Hum-um.
Q And are you aware that on that time after that examination DCFS was then again called and contacted by Saint Francis Medical Center?
A I am not surprised that it was, that's their policy if there's a concern that they call.
Q Well, I find it odd because you have all of these reports but you don't have that one.
A It's electronic.
Q No, reports from DCFS.
A Oh! I don't know.

MR. STEELE: Which report is that, counsel?

MR. MISKELL: The report following -- I just said it.

THE WITNESS: February 13th.

MR. MISKELL: February 13 report.

BY MR. MISKELL:

Q You don't have a copy of that investigative file for

your review today; is that correct?

A They didn't send it to me. We saw her on February 18th though.

Q Now a normal exam does not exclude the possibility of sexual abuse as an exam following non-acute incidents are normally greater than 90% of the time; is that correct?

A Correct.

Q What does that mean?

A So if a child is not seen acutely, so within about 72 hours after the event, then the exam can be completely normal.

Q And if the allegation is daddy touched me inappropriately or whatever, there may be no signs of it because it doesn't leave any adverse marks or conditions; correct?

A That is correct.

Q But it doesn't mean it didn't happen; is that correct?

A Correct.

Q And then so when you're evaluating the concerns for abuse the history is always the most important element, isn't it?

A It is important, yes.
Q Do you know Dr. Kendhari?
A Yes.
Q She's at --
A She's a hospitalist at Children's Hospital.
Q Now when in your report was an evidence kit taken for the first time?
A The first time? I don't recall the exact date. I believe it was done at Edwards Hospital.
Q Could you look through your report and please tell us the first time an evidence kit was performed.
A March 15th, 2015.
Q Do you know what the results of the evidence kit was?
A I don't.
Q They take the kit, send it off to a lab and then the lab comes back and says what the content is; correct?
A Correct.
Q All right. Now the second time that a kit was requested the hospital requested the kit and the mother said no; correct?
A Correct.
Q That was on 6/5 of '15; isn't that correct?
A It was -- well, 6/5/15 was actually just a phone

visit, from my records. She was advised to go to the ED --

Q Yeah.

A -- but she just wanted behavioral therapy so there was no request for a kit.

Q So the mother calls the hospital and asks for a referral to a behavioral therapist.

A Correct.

Q For the child.

A Correct. Due to concerns about behaviors concerning for sexual abuse.

Q Now that's actually one of your recommendations, that the child receive --

A Counseling.

Q -- mental health treatment.

A Correct, counseling.

Q Whatever they deem to be appropriate.

A Correct.

Q So as far back as 6/5/15 she was looking and asking for a therapist.

A Correct.

Q That would have been appropriate; correct?

A Yes.

Q Now the hospital again tells her to go to the emergency room, but she did not.
A Correct.
Q And then, oh, gosh, five months later it looks like the child is actually at Edwards Hospital due to discharge and pain; correct?
A Correct.
Q And Edwards Hospital wanted to do an evidence collection kit and she refused.
A Correct.
Q And so it's actually a good thing that the mother did not subject a child to another kit, in your opinion.
A I mean based on the record I wasn't sure why they wanted to do a kit. I don't --
Q Could it be that they found evidence to support the discharge and pain being possibly sexually related?
A They did not document that there was any discharge, their exam was normal.
Q What would be the reasoning then for a -- and in your experience as a child sexual abuse doctor -- and I'm assuming you train physicians --
A Uh-hum.
Q -- under what circumstances are doctors in this

situation that occurred on 11/24/15, in what situation would you advise physicians to ask the parent for an evidence kit?

A The law says, and the law is written -- SASETA, the Sexual Assault Survivors Emergency Treatment Act, is written for the adults, it is not written for children, and it says that the rules that apply to it, the Administrative Code, say that if an incident happened within seven days that a kit has to be offered to the parent or the child, if the child is verbal enough.

So for children seven days is really far out. The medical literature does not support doing a kit that far out. Evidence isn't found on bodies of children that far out, but by law we have to offer it. So it may be that mom said it happened within or there was access within a seven-day window and by law they offered it and she refused.

Q What were the allegations of the mother on 11/24/15?

A 11/26?

Q No, 11/24.

A Oh, I'm sorry. 11/24/15. Discharge and pain.

Q No, I mean allegations as to with regards to the

father or someone else being inappropriate with the child.

A I didn't see any specifics about time that made me think it was within seven days, but I don't --

Q Are you --

A -- I didn't see it.

Q All right. On 11/28/15 you noted that the emergency department of Peru told the mother --

A Which date? I'm sorry.

Q 11/28/15.

A Okay.

Q -- to seek more specialized care. Do you have any idea what they meant by that?

MR. STEELE: Excuse me, counsel -- okay. Go ahead.

THE WITNESS: That's what mother said. So she said she was told by the Peru Hospital to seek more specialized care.

BY MR. MISKELL:

Q Well --

A So they have a clinic or they have a provider in Naperville that does some child sexual abuse, I don't know that they're always in their emergency

department, but I believe that's what she's referring to.

Q And, you know, and I do apologize, not at Illinois Valley Community Hospital, that was 11/28/15 at Edwards Hospital the emergency department told her to seek more specialized care.

I'm assuming that it was in the Edwards Hospital's record.

MR. STEELE: Excuse me, counsel. I think you misstated that.

MR. MISKELL: 11/28/15 Madeline was seen at Edwards Hospital in the emergency department -- oh, I see what you're saying -- Madeline went to the ER department in Peru but was told to seek more specialized care.

BY MR. MISKELL:

Q That statement was the mother telling the emergency room at Edwards Hospital that she was told to seek more specialized care; correct?

A Correct.

Q Do you have any documentation that shows that that did not occur?

A Well, the emergency department visit at Illinois

Valley Community Hospital on the 27th doesn't say anything about advising her to seek more specialized care, it was just that the doctor was not going to document that mom said she smelled Madeline's vagina and it smelled like semen and I want you to document it but don't examine Madeline.

Q Do you have that record with you today?

A I do not have it with me.

Q Is it -- do you see patients?

A Yes.

Q And every single thing you tell a patient doesn't make your medical records?

A I'm sorry? Can you say that again.

Q Everything that you tell a patient, does it make your chart?

A Every single word, no.

Q All right.

A I phrase things so that when I say -- I say the same things in the same way and then I have a way to document that so I know what I said.

But, no, I don't write down every single thing, but typically something like that would be documented that referred to more specialized care.

Q Now, on 10/3/16 Edward Hospital's emergency department noted redness and a 1 millimeter by 4 millimeter of discharge by the urethra.

A Correct.

Q What was the discharge?

A They didn't specify anything beyond that.

Q And when they found a discharge and they found the redness they performed an evidence collection kit; correct?

A Correct.

Q Do you know if the mother had requested that or if Edwards Hospital requested that?

A I could not discern that from the record.

Q So the best of your testimony is that from a period of 11/8/13 through 10/3/16 she had two evidence collection kits; correct?

A Yes. One other was requested but refused.

Q By the mother?

A Yes.

Q And you don't know what the results were of the 10/3/16 evidence kit; correct?

A I do not.

Q Do you know Dr. Schutte, S-C-H-U-T-T-E?

A I know the name but I don't know them.

Q Now you had talked earlier about different color discharges being significant, a white in a child of this age is not insignificant but brown, yellow and green could be an issue.

A It could be. It's all based on the context and if there's other signs or symptoms.

Q Are you aware in reviewing the records that on the 10/3/16 admission that the child had a visit with her father that night and after coming home the child complained of pain in the peritoneal area and there was green discharge in the area in the underwear, and she then went to the hospital and they took an evidence kit of the green discharge?

A According to the record they took -- they noted discharge by the urethra and did a swab, and then I assume they collected the underwear as opposed to swabbing the underwear.

Q Right. Are you aware that Nurse Marykathryn Mateyack swabbed the child and put her underpants in the kit, placed her clothing in a bag and put it in the child evidence locker?

A I would assume that's how a kit should be done.

Q Now your record doesn't mention anything about the green discharge; is that correct?

A Correct.

Q Why not?

A Because it was not in the medical record that I reviewed.

Q Oh! So maybe the record wasn't given to you.

A It may not have been complete, but also the sexual assault kit papers are sometimes separate from the actual medical record.

Q Well, I'm going to show you what I'm going to mark as Respondent's Exhibit No. 1.

(Marked for identification Respondent's Exhibit No. 1)

BY MR. MISKELL:

Q You have privileges at OSF Hospital.

A Yes.

Q And they often refer or call on your clinic for consult; correct?

A Yes.

Q I'm going to show you what I'm marking as Respondent's Exhibit No. 1. Can you tell me whether or not --

MR. STEELE: Counsel --

MR. McCLINTOCK: Before we do that, what's the date? Is that OSF?

MR. MISKELL: 10/3/16.

MR. STEELE: You have a copy for us?

MR. MISKELL: I think I got that from you guys.

BY MR. MISKELL:

Q Okay. With regards to Respondent's Exhibit No. 1, is that an example of a hospital chart from OSF?

A This last page, yes.

Q Okay.

A Or this page right here? Yes.

Q Could you look through the rest of the pages and tell me.

A Well, the rest of it is from Edwards Hospital, so no.

Q Well, in an emergency room do they not often rely upon the records of other emergency rooms in the care and treatment of individuals in their care?

MR. STEELE: Again, it calls for speculation.

MR. MISKELL: You already asked her the same question, that she relied on records in making her opinion.

MR. STEELE: On records, right. You're asking what another department may have done.

BY MR. MISKELL:

Q Are the records that are contained the usual type of records that you would rely upon in the aid and treatment of a child?

MR. STEELE: What's the date of that?

THE WITNESS: That's from 2013.

MR. MISKELL: These are 10/6.

MR. STEELE: 10/6/13?

MR. MISKELL: Yeah. And I'll mark those pages as Respondent's Exhibit No. 2.

MR. STEELE: What's No. 1, counsel?

MR. MISKELL: The Saint Francis Medical Center Hospital chart for 11/9/13.

MR. McCLINTOCK: And then 2 would be what, counsel?

MR. MISKELL: The Edwards Hospital emergency department records of 10/3/16.

THE WITNESS: And so --

BY MR. MISKELL:

Q What's my question?

A Yeah, what's your question?

Q Here's my question --

MR. STEELE: Could I see them, counsel, what you've got?

MR. MISKELL: Yeah. Let me mark this one first.

(Marked for identification Respondent's Exhibit No. 2)

MR. STEELE: These verifications by Julie?

MR. MISKELL: No, that's extra.

MR. STEELE: I'm going to object to these, these are not provided to us.

MR. MISKELL: It's your deposition, not mine. This is cross-examination.

BY MR. MISKELL:

Q Now, ma'am --

MR. STEELE: And lack of foundation.

BY MR. MISKELL:

Q Did you review these records in making your opinions in this matter?

A I reviewed this visit.

Q From Edwards Hospital emergency department?

MR. McCLINTOCK: Counsel, so that the record is clear, are you asking her whether she reviewed 1

and 2 or are we doing one at a time?

MR. MISKELL: Respondent's Exhibit No. 2.

MR. McCLINTOCK: Okay.

BY MR. MISKELL:

Q Now in your report under 10/3/16 you reference she was seen at Edwards Hospital in the emergency department.

A Correct.

Q Okay. I'm showing you Respondent's Exhibit No. 2. Are these the records that you reviewed?

A I don't know this is the exact record, but it looks similar to what I would have reviewed, yeah.

Q Okay. Now on page 5 of the report in the *History* section, the history that she had given is the same history that I had just asked you about, which was she was with her father that night; correct?

A Correct.

Q And then she came home complaining of pain in the peritoneal area; correct?

A Correct.

Q And there was greenish discharge; is that correct?

A Correct.

Q And then on page -- the page before that at the top

the nurse, Marykathryn, took the underpants, the clothes, and did a swabbing and did a kit; is that correct?

A Correct.

Q That would have been appropriate given that history; is that correct?

A Maybe. Given this limited history here I don't know that a kit is absolutely necessary.

Q So it would have been based upon the conversations that my client had with Dr. Schutte and the nurse in determining the proper care and treatment of that child; is that correct?

A I would assume there was more history provided that made them think they needed to do a kit.

Q Well, this is the third time she's been at Edwards Hospital; correct --

A Correct.

Q -- fourth time she's been at Edwards Hospital; correct?

A Correct.

Q And following that this nurse, Marykathryn, contacted the Peru Police Department; is that correct?

A Correct.

Q And you do not know what the results were of that test; correct?
A The evidence collection kit?
Q Yeah.
A Well, it's not really a test, but no.
Q Well, the kit.
A Correct, I do not.
Q Now they noted, and I think this is actually in your report, that the genitalia examination was done by the nurse revealing the -- erythema?
A Erythema, uh-hum.
Q -- at the labia bilaterally, no bleeding, no lacerations, 1 millimeter by 4 millimeter area of yellow-greenish discharge adjacent to the urethra --
A Yes.
Q -- no E-C-C-H-Y-M-O-S-I-S.
A Ecchymosis.
Q All right. So the history given with regards to the discharge was confirmed by the RN; correct?
A She did see a very tiny bit of discharge.
Q And the rest of the discharge could have actually been in the underwear that was collected; correct?
A Correct.

Q And you don't know how much was there, do you?
A No.
Q Could that have been something you would have liked to have known?
A Not necessarily, no.
Q All right. However, the discharge could have been a sign or symptom of sexual abuse; is that correct?
A Not necessarily, no. Most little girls who have discharge it's a sign --
Q Not necessarily isn't what I'm asking.

MR. STEELE: Objection. Let the witness answer the question, then you can --

MR. MISKELL: I'll withdraw the question.

BY MR. MISKELL:

Q What I'm asking you is could the greenish discharge be a symptom of sexual abuse? That's a yes or a no.

MR. STEELE: No, it's not.

THE WITNESS: No, it's not. It could be a sign or symptom of irritation, which was present, there was redness; hygiene issues, she's at the age where she's independent with toileting; it could be a sign of vulvar strep, like strep throat strep; it could be if you're looking at discharge then you

would think could it be an STI, which then would be a sign or symptom of sexual abuse.

But discharge in and of itself in a girl this age is not necessarily a sign of sexual abuse. It is a possibility, but it's not necessarily a sign of sexual abuse.

BY MR. MISKELL:

Q It's possibly any of those things that you listed.

A And the list is even longer than that, but yes.

Q Of which sexual abuse could have been one of them; correct?

A Potentially.

Q All right. Now you actually noted that in the ano-genital exam that the hymen was fimbriated.

A Fimbriated?

Q F-I-M-B-R-I-A-T-E-D. Isn't that correct?

A Correct.

Q And smegma was noted in the fold of the labia.

A Correct.

Q What is smegma?

A It's a collection of dead skin cells.

Q And that's a hygiene issue; correct?

A Correct.

Q Do you have -- and that could have then been a source of the irritation that brought Madeline to the emergency room in February of 2015; correct?

A Correct.

Q And medical care for irritation and discharge as a result of that would be appropriate; correct?

A It doesn't necessarily require medical care, it requires hygiene care. It doesn't necessarily require an emergency room visit or medical visit unless it's extensive.

Q Again, depending on what her resources are with regards to medical care.

A But it doesn't always require even a medical visit, it can be cared for at home.

Q Doesn't always, but could; correct?

A If it's extensive to where there's skin breakdown or extensive and there's significant pain, but that none of the documentation I saw for her indicated that it was intensive or had skin breakdown or at any point was necessitating medical care.

In other words, I wouldn't have said it was medical neglect if she didn't go get care.

Q Say that one more time.